



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



State Health Plan 101

2017 Pharmacy Benefit Changes

November 2016

A Division of the Department of State Treasurer

Agenda

- New Pharmacy Benefit Manager
- Pharmacy Benefits Overview and Changes
- Q&A session



New Pharmacy Benefit Manager

- As of Jan. 1, 2017, the State Health Plan will be transitioning to a new Pharmacy Benefit Manager, CVS Caremark.
- ALL members will receive a new State Health Plan ID Card. The 2016 card WILL NOT work – members **MUST** use their new member ID card, which will arrive in December.
- Advantages to CVS Caremark:
 - You will have access to the CVS Caremark online drug lookup tool during Open Enrollment.
 - This tool enables you to look up and compare the costs of various drugs – especially useful for those enrolled in the CDHP 85/15.
- This transition does **not** mean that members will have to utilize CVS Pharmacies. CVS Caremark has a broad network of pharmacies available to members. There is a Pharmacy Lookup Tool available on the Plan's website.

Formulary Change

- The State Health Plan will be moving to a Closed, Custom Formulary effective Jan. 1, 2017.

Open Formulary – In an “open” formulary, all drugs are included, subject to any benefit exclusions. The Plan currently utilizes an “open” formulary for the Enhanced 80/20, Consumer-Directed Health Plan (CDHP) 85/15, and Traditional 70/30 Plans.

Closed Formulary – In a “closed” formulary, certain drugs are not covered.

- Formulary is posted to the Plan’s website.
- Members are encouraged to call CVS for specific questions about drug coverage.

- Beginning Jan. 1, there will be an exception process available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s). This process will be explained in the letter impacted members will receive.
- Impacted members will receive communication regarding any affected prescriptions beginning in October.

If Your Medication is Not Covered

- Members whose medication is not covered will receive a letter
- If you receive notice that your medication is not covered:
 - Take action to ensure an uninterrupted supply of your prescription by contacting your provider
 - Beginning Jan. 1, 2017, your provider can request an exception for you to remain on the excluded medication



2017 Pharmacy Benefits Overview

	In-Network	Out-of-Network
Consumer-Directed Health Plan	15% after deductible CDHP Maintenance Medications are deductible exempt	35% after deductible CDHP Maintenance Medications are deductible exempt
Enhanced 80/20 Tier 1 (Generic) Tier 2 (Preferred Brand & High-cost Generic) Tier 3 (Non-preferred Brand) Tier 4 (Low-cost/Generic Specialty) Tier 5 (Preferred Specialty) Tier 6 (Non-preferred Specialty) Preferred Diabetic Supplies*	\$5 \$30 Deductible/Coinsurance \$100 \$250 Deductible/Coinsurance \$5	\$5 \$30 Deductible/Coinsurance \$100 \$250 Deductible/Coinsurance \$5
Traditional 70/30 Tier 1 (Generic) Tier 2 (Preferred Brand & High-cost Generic) Tier 3 (Non-preferred Brand) Tier 4 (Low-cost/Generic Specialty) Tier 5 (Preferred Specialty) Tier 6 (Non-preferred Specialty) Preferred Diabetic Supplies*	\$16 \$47 \$74 10% up to \$100 25% up to \$103 25% up to \$133 \$10	\$16 \$47 \$74 10% up to \$100 25% up to \$103 25% up to \$133 \$10

New Pharmacy Tier for Diabetic Testing Supplies

- There will be a new tier added for Preferred Diabetic Supplies
 - Enhanced 80/20 Preferred Diabetic Tier copay will equal the Tier 1 copay
 - Traditional 70/30 Preferred Diabetic Tier copay will remain at \$10 (Tier 1 is \$16)

Drugs	Traditional 70/30 Plan	Enhanced 80/20 Plan	Consumer-Directed Health Plan 85/15
Tier 1 (Generic)	\$16	\$5	Preferred brands fall under CDHP Preventive List – deductible is not applied
Tier 2 (Preferred Brand & High-cost Generic)	\$47	\$30	
Tier 3 (Non-preferred Brand)	\$74	Deductible/Coinsurance	
Tier 4 (Low-cost/Generic Specialty)	10% up to \$100	\$100	
Tier 5 (Preferred Specialty)	25% up to \$103	\$250	
Tier 6 (Non-preferred Specialty)	25% up to \$133	Deductible/Coinsurance	
Preferred Diabetic Supplies* (e.g. Test Strips, Lancets, Syringes, Needles)	\$10	\$5	

**Non-preferred Diabetic Supplies will be priced at Tier 3*

Specialty Medications

- Previously, members used Accredo, Express Scripts' Specialty Pharmacy.
- Effective Jan. 1, 2017, members will need to use CVS Caremark Specialty Pharmacy for non-acute, self-administered specialty medications filled under the pharmacy benefit.
- These medications can be found under the Specialty Drug List on the State Health Plan website, www.shpnc.org

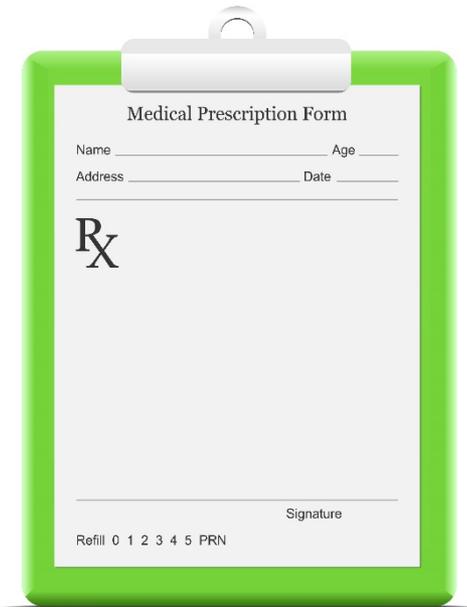
Additional Delivery Options for Specialty Medications

- Previously, members received Specialty Medications delivered at home or provider's office through Accredo, which is no longer available starting in 2017.
- New for 2017: Members have the option of getting their specialty medications filled through CVS Caremark Specialty Pharmacy delivered to their local CVS retail pharmacy location for pick up.
- Home and provider office delivery are also still options.



Pharmacy Utilization Management Programs

- Some prescription drugs will continue to require Prior Authorization, Step Therapy and/or be subject to Quantity Limits with the transition to CVS Caremark.
- Have your provider contact CVS Caremark to initiate the process at 800-294-5979.
- If a medication is also covered under the medical benefit and given in a medical office, providers should contact Blue Cross and Blue Shield of North Carolina (BCBSNC) for approval at 800-672-7897.



Cost-Savings Tips: Prescriptions

- Review your current medications for:
 - Over-the-counter (OTC) drug alternatives to prescriptions
 - Generic options
 - Lower cost Tier 1 non-specialty and Tier 4 specialty medication options
- Research and determine if mail order or a retail pharmacy is more cost effective
- Take the **Preferred Drug List** when you visit your provider and ask your provider to consider prescribing drugs on the list
- The Enhanced 80/20 Plan and Consumer-Directed Health Plan (CDHP) offer Affordable Care Act (ACA) Preventive Medications at no cost to the member if you meet certain criteria and have a prescription
- The CDHP offers a CDHP Preventive Medication List which includes medications that do not require a member to meet the deductible first. They require the 15% coinsurance.
 - Both lists are available on the Plan's website, www.shpnc.org



CVS Caremark Customer Care

CVS Caremark

888-321-3124

24 hours a day 7 days a week





Questions?



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